

CONCEPTS OF MENTAL HEALTH THROUGH HISTORY OF PSYCHOLOGY

Zović, Lovre

Undergraduate thesis / Završni rad

2024

Degree Grantor / Ustanova koja je dodijelila akademski / stručni stupanj: **University of Split, Faculty of Humanities and Social Sciences / Sveučilište u Splitu, Filozofski fakultet**

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:172:186208>

Rights / Prava: [In copyright](#)/[Zaštićeno autorskim pravom.](#)

Download date / Datum preuzimanja: **2025-03-11**

Repository / Repozitorij:

[Repository of Faculty of humanities and social sciences](#)



Faculty of Humanities and Social Sciences, Split
Department of Psychology
Undergraduate Study of Psychology

Concepts of Mental Health Through History of Psychology

Student: Lovre Zović
Mentor: Prof. Goran Kardum, PhD

Split, September, 2024

Table of Contents

1. Introduction	3
2. Research aim	4
2.1. Hypothesis	4
3. Methodology.....	5
3.1. Literature Search	5
3.2. Selection of Sources	5
3.3. Analysis and Synthesis	6
3.4. Scope and Limitations	6
4. Concepts of mental health before psychology	8
5. Concepts of Mental Health in The 19th Century	10
5.1. Social Norms and Public Perception of Mental Health	10
5.2. Asylums in The 19th and Early 20th Century	11
6. Concepts of mental health in the first half of the 20th century.....	12
6.1. Prominent Figures	12
6.1.1. <i>Sigmund Freud</i>	12
6.1.2. <i>Carl Jung</i>	13
6.1.3 <i>Abraham Maslow</i>	14
6.1.4 <i>Carl Rogers</i>	15
6.1.5. <i>Aaron Beck</i>	15
6.2. Concept of Mental Health in Totalitarian Regimes	15
6.3. History of Classification of Mental Illness	16
6.3.1. DSM-I.....	17
7. Concept of Mental Health in The Second Half of The 20th Century.....	17
7.1. Counterculture of the 60's.....	17
7.2. Postmodern Views on Mental Illness	18
7.2.1. Michel Foucault: Power dynamics in defining mental health	18
7.2.2. Thomas Szasz: Questioning Mental Illness	19
7.2.3. Erving Goffman.....	19
7.3. DSM-II	20
7.4. DSM-III to DSM-V	21
7.5. Concerns about pharmaceutical companies and overdiagnosis	21
7.6. Changes in Classification	22
7.6.1. <i>Homosexuality</i>	22

7.6.2. <i>Transgenderism</i>	22
7.6.3. <i>ADHD</i>	23
7.7. Confounding influences	23
7.7.1. <i>Changes in family structure</i>	23
7.7.2. <i>Capitalism and Mental Health</i>	24
8. Mental Health in The 21st Century	25
9. Conclusion	26
10. Abstract	28
11. Sadržaj	29
12. References	31

1. Introduction

According to the American Psychological Association, mental health is characterized by emotional well-being, reasonable behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with life's ordinary demands and stresses (American Psychological Association, 2020). Definitions of mental health often cause discourse and confusion, but the main agreement is the absence of mental illnesses. Mental illness is any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these (American Psychiatric Association, 2013). The thesis draws from a postmodernist perspective and biopsychosocial model of mental illness.

The postmodernist perspective challenges traditional, fixed notions of mental illness, suggesting that the image of mental illness varies based on the social, economic, cultural, and historical contexts in which they are conceptualized (Morris, 1998). Additionally, the biopsychosocial perspective recognizes the susceptibility of the concept of mental illnesses to cultural and social interpretation but also recognizes biological and genetic factors in their origin (Engel, 1977). This suggests that the concept of mental health and illness is not fixed, but shaped by the circumnating of time and society. This study will explore the changing professional and public consensus on mental health from the establishment of psychology as a science until the present day. This research focuses on the 20th century which had the majority of the changes in the conceptualization of mental health and mental illnesses. This study mentions some of the influential figures whose work changed the approach to the conceptualization of mental health and the treatment of mental illnesses. Those being Sigmund Freud, Carl Jung, Maslow, Carl Rogers, Aaron Beck, and the critics from the 1960s who criticized the established image of mental illness and their treatment such as; Thomas Szasz, Michael Foucault, and Ervin Goffman. Moreover, this study will go over the history of the practices used for curing mental illness from the establishment of psychology as a scientific discipline to the modern approaches and categorization reflected in the history of the DSM manual. The history of the conditions or behaviors that were once thought of as illnesses such as; transgenderism, homosexuality, and ADHD will be mentioned as well. Furthermore, this study covers the concerns about the overmedicalization of mental illness and the influence of pharmaceutical industries. Finally, this research will cover the confounding influences on the changes in mental health conceptualization such as family structures and capitalism, and mental health in the 21st century. This study is not only for the

students and practitioners of psychology but also for the general public. It aims to inform the readers about the history of changes in the narratives of mental health and illnesses, to rethink modern narratives of mental health perception and treatment, and a variety of factors that may have contributed to this way of thinking. What conditions are pathologized due to their inconvenience for society? Do the established narratives about mental health harm or help people whose behavior is unconventional? Are mental illnesses purely unchangeable concepts or are they subject to influences of wider society and systems we live in? This study aims to encourage readers to find answers to these questions.

2. Research aim

This research aims to explore the concepts of mental health and mental disorders through the history of psychology.

2.1. Hypothesis

H1: The concept of mental disorders has changed throughout the history of psychology.

H2: To date, there is no unequivocal definition of what mental health is.

H3: There are social and cultural factors influencing the conceptualization of mental health and mental illnesses.

3. Methodology

3.1. Literature Search

The literature for this narrative analysis was sourced from PubMed and Google Scholar. Keywords included "concept of mental health" (n = 2113), "concept of mental illness" (n = 4828), "DSM and mental health" (n = 1429), "DSM and mental illness" (n = 4596), "capitalism and mental health" (n = 4270), "mental health and history of psychology" (n = 49), "mental asylums" (n = 2302), "psychoanalysis and mental health" (n = 733), and "history and DSM" (n = 6220). These searches were filtered to include reviews and studies on mental health concepts' historical and social evolution. While not all results were included in the final reference list, they informed the thematic scope of the analysis and contributed to identifying critical research gaps.

Table 1

Keyword	Number of Articles
Concept of mental health	2113
Concept of mental illness	4828
DSM and mental health	1429
DSM and mental illness	4596
Capitalism and mental health	4270
Mental health and history of psychology	49
Mental asylums	2302
Psychoanalysis and mental health	733
History and DSM	6220

3.2. Selection of Sources

Sources were selected based on relevance to key themes, including historical accounts, theoretical frameworks, and critical analyses of mental health concepts. Both primary and secondary sources were utilized, covering influential figures in psychology and critical

perspectives on mental health. The sources included scientific articles, historical records, biographies, and books.

Table 2

Categorization of References

Category	Count	Percentages (%)
Scientific Articles	45	49.95%
Books	37	40.66%
Historical records/ Biographies	9	9.89%

3.3. Analysis and Synthesis

The analysis focused on how different periods and figures influenced mental health and illness concepts. The synthesis highlighted the relationship between societal norms, historical changes, and psychological theories.

3.4. Scope and Limitations

This narrative review is interpretative and does not include systematic or quantitative analysis. The potential for research bias exists due to the selection and interpretation of sources, as well as the construction of a historical narrative of the progression of the concept of mental health and mental illnesses.

3.5. Results

Table 3

Timeline table

Period	Key developments	Influential Figures/ Concepts/ Writings

Before psychology	Somatic and supernatural approach to mental health	Hippocrates (humorism)
19th century	Establishment of psychology and psychiatry Establishment of the American Psychological Association	Psychology and psychiatry as scientific disciplines. Somatogenic approach to the treatment of mental illnesses
First half of the 20th century	Rise of psychoanalysis Harsh asylum treatments Concept of mental health weaponized in totalitarian regimes.	Mental Asylums Lobotomy Sigmund Freud (psychoanalysis, psychogenic approach, psychosexual development), Carl Jung (analytical psychology; personality types, anima and animus, archetypes) Abraham Maslow (Hierarchy of Needs), Carl Rogers (Humanistic Psychology), Aaron Beck (CBT)
Post WWII	Publishing of the DSM-I (1952) Popularizing psychogenic approach in classification	Shell Shock (PTSD) Categorization of mental illnesses
1960s	Counterculture movement Deinstitutionalization Criticism of the established concept of mental health, the medicalization of mental	“Madness and Civilization“ (Foucault, 1960s), “The Myth of Mental Illness“ (Szasz, 1960), "Asylums: Essays on the Social Situation of Mental

	illnesses, and the treatment of mental illnesses	Patients and Other Inmates “ (Erving Goffman,1961)
Second Half of 20th Century	DSM-II: 1968 DSM-III: 1980 DSM-III-R (Revised): 1987 DSM-IV: 1994 DSM-IV-TR (Text Revision): 2000 Influence of pharmaceutical companies	Changes in the classification of transgenderism, homosexuality, and ADHD Influential factors; capitalism, pharmaceutical companies, changes in family structures
21st century	More inquiry into mental health from the general public Increase in diagnosis and self-diagnosing Increasing urbanization	Increase in diagnosis Biophilia theory Mismatch theory

4. Concepts of mental health before psychology

To understand the concept of mental illnesses from the beginning of psychology as an established scientific field, it is important to understand how society had conceptualized mental illnesses before the modern era. Throughout history, mental illnesses were predominately conceptualized in three categories; somatic, supernatural, or psychogenic origin (World Health Organization, 1994). The somatic approach contributes to the origin of mental illness to biological and genetic factors. The supernatural approach attributes mental illnesses to demonic, occult, or divine origins. Finally, the psychogenic approach attributes mental illness to developmental factors, such as previous experiences, trauma, and unconscious conflicts (Comer, 2021). The first signs of treatment of mental illness traced back to the Stone Age, as early as 6500 BC. Examination of the skull and cave art showed signs of surgical treatment for mental illness (Restak, 2000). In Ancient China, mental health treatment was attributed to the balance of yin and yang and the proper air movement (Tseng, 1973). In ancient Mesopotamia, mental illness was often attributed to demonic possession or the anger of gods (Steinert, 2021). The Mesopotamians believed that individuals could be possessed by

spirits, leading to symptoms similar to what we now recognize as mental illnesses. Hence, treatments were primarily religious or magical, involving exorcisms, prayers, and rituals to please the gods or to drive out the spirits. Egyptians believed that psychological and physical health were closely linked, with the heart being the center of thought and emotion. Mental illness was believed to stem from disturbances in the heart's functioning, often caused by evil spirits. Treatments included prayers, rituals, and, at times, herbal remedies. Egyptian medical texts, like the Ebers Papyrus, contain some of the earliest recorded references to mental health conditions and their treatments (Carpenter, 2006). In Egypt, women were diagnosed with wandering wombs, which were believed to be caused by the displaced uterus, with treatments involving orgasms or leeches; this was later named hysteria by the Greeks (Farreras, 2019).

In ancient Greece, the approach to mental health shifted towards a more naturalistic understanding, although supernatural explanations still played a significant role. Early Greek thinkers like Homer and Hesiod described mental illness as a form of divine punishment or supernatural origin (Simon, 1978). However, philosophers and physicians such as Hippocrates aimed for more scientific understanding. Hippocrates rejected the idea of supernatural causation and proposed that mental illness stemmed from imbalances in bodily fluids or humors. According to his theory, an excess or deficiency in one of the four humors (blood, phlegm, yellow bile, and black bile) could lead to physical and mental disturbances (Nutton, 2004). Hippocrates classified mental illness into one of four categories: epilepsy, mania, melancholia, and brain fever. Like other prominent physicians and philosophers of his time, he did not believe mental illness was shameful or that mentally ill individuals should be held accountable for their behavior. In these times, mentally ill individuals were cared for at home by family members, and the state shared no responsibility for their care (Kalachanis, 2020). Humorism remained a recurrent somatogenic theory up until the 19th century. Treatments, therefore, focused on restoring balance through diet, exercise, and other lifestyle changes. There were also other attempts at including biological factors in mental illness. For instance, Aristotle linked lunacy to the moon's tidal effects on the moist brain (Cashio, 2019). Cultural factors also contributed, such as attractive people being considered morally superior, virtuous, and healthy, with physical health being associated with mental health (Cilliers & Retief, 2009). The Roman Empire inherited much Greek medical knowledge, further developing the naturalistic approach to mental health.

In the Middle Ages, among the uneducated, the majority of mental problems were presented as demonic possession; however, by the 12th century, writers such as Bartholomeus

Anglicus and John of Gadsden distinguished epilepsy from demonic possessions and proposed that it had a physical predisposition or defect. Additionally, few court cases showed that the person's sanity was questioned by injury, illness, or emotional shock. Issues with mental health were seen as predominantly physical. For example, excess black bile was seen as a cause of melancholia (Kemp, 2019). These trends pertained to the Renaissance era, although supernatural attributes to mental illnesses increased due to the rise and popularity of the Inquisition, where people with mental illness were accused of witchcraft and punished and executed by the ruling authority (Mora, 1970). Modern treatments of mental illness are most associated with the establishment of hospitals and asylums beginning in the 16th century. Such institutions' mission was to house and confine the mentally ill, the poor, the homeless, the unemployed, and the criminal. Reoccurring wars and economic depressions produced vast numbers of people who were separated from society and sent to these institutions (Fabrega, 1991).

5. Concepts of Mental Health in The 19th Century

5.1. Social Norms and Public Perception of Mental Health

In the 19th century, Victorian values heavily shaped Western society. These norms stressed strict social behaviors, modesty, and clear roles based on gender. Women, mainly wives and mothers, were expected to show purity and domesticity. Men were viewed as the breadwinners and protectors, taking care of public affairs and supporting their families financially. How one acts in public was carefully watched, and maintaining a good image was seen as very important. Following social rules was enforced by a culture that did not tolerate deviations from normal behavior; those who did not fit in were harshly judged. Giving to charity was seen as a moral duty for the wealthy, demonstrating their commitment to societal welfare and adherence to religious beliefs (Madden, 1961). In the 19th century, improper behavior was mainly dictated by social class. The upper and middle classes were socially and sexually repressed due to imposing several social rules to distinguish themselves from the working class (Thompson, 1988). Psychological problems were often seen as an individual's fault or a sign that they were weak. These people were pushed aside or avoided because others did not understand or feared them. At large, people believed that having a mental illness meant a person had done something wrong or it was a punishment from God; this judgment was not only for the mentally ill but for all nonnormative behavior (Soul, 1981). However, individuals were often institutionalized and held responsible for mental disturbances, even

though the causes might have been rooted in other factors. During the Victorian era, various chemicals were unreasonably used in everyday life. Lead was used in paints, plumbing, dental appliances, industrial processes, cosmetics, and food preservation. Mercury was used in hat-making as a treatment for syphilis and cosmetics. Arsenic was used in pesticides, medicine, and wallpaper as a pigment in paint and dyes. While physical symptoms were often recognized, neurological causes went unnoticed. Symptoms like cognitive impairment, irritability, mood swings, developmental delays in children, paranoia, and hallucinations, among other things, were attributed to a person's insanity rather than chemical poisoning (Watson, 2006).

In 1879 Wilhelm Wundt established the first psychological laboratory in Leipzig, Germany (Farr, 1983). Coming from a philosophical background, psychology did not gain a prominent role in shaping public or professional concepts of mental health until after the Second World War. Although there is a long history of treating and medicating mental illnesses, psychiatry as a scientific field gained popularity in the 19th century, separating itself from medicine and neurology. Due to mental illness being thought of as being somatogenic, psychiatry played a significant role in shaping the image and treatment of mental health. Among psychiatrists, outdated theories such as the four humors, female hysteria, and the wondering womb were still common (Paulon, 2022). However, curing mental illness was the main focus of psychiatry.

5.2. Asylums in The 19th and Early 20th Century

In the early 1900s, psychiatric hospitals in the United States, known as lunatic asylums or insane asylums, subjected patients to conditions and treatments now considered unethical (Scull, 2005). Patients were often committed against their will, with few effective treatments available. Until the 1960s, laws allowed families to commit relatives with minimal evidence. For example, Elizabeth Packard was committed to practicing a different religion than her husband, and Henry Frazier was committed as a child because his mother claimed he was uncontrollable (Donaldson, 2023). Early treatments were harsh, including spinning patients at high speeds, swinging them in harnesses, and branding them with hot irons. Despite medical advancements, treatments remained brutal, evolving into lobotomies and electroshock therapy by the 1930s (Shorter, 2007). Asylums were like prisons, with locked doors, barred windows, and overcrowded rooms (Kupers, 2017). In 1887, journalist Nellie Bly went undercover in a mental asylum, reporting severe mistreatment and abuse (Bly, 1887).

Children were also subjected to these conditions. Between 1854 and 1900, hundreds of children were admitted to the Worcester County Asylum based on perceived violent tendencies or risk of suicide (York, 2010). Overcrowding was expected, with patients sometimes sleeping ten to a room. New patients underwent dehumanizing tests upon admission, and women faced invasive physical assessments (Kosky, 1986). By the late 19th century, most states had built at least one asylum, often large, architecturally beautiful structures with manicured grounds, believed to promote rest and recovery (Johnson, 2004). Reformers like former patient Clifford Beers began advocating for systemic change and compassionate care. Beers founded the National Committee for Mental Hygiene in 1909 to improve the treatment of the mentally ill and promote mental hygiene education. The term mental hygiene was believed to be a precursor for the term mental health (Pratt, 1947). Even though there were attempts at improving treatment for mentally ill patients, asylums were still overcrowded, and the majority of psychiatric professionals still strictly abode to the somatogenic theories of mental health. In the early 20th century, Walter Freeman popularized the rise of lobotomy. The procedure, performed with an ice pick through the eye socket, gained popularity despite its primitive nature and severe consequences (Lévêque, 2014). The lobotomy's popularity declined with the rise of antipsychotic and antidepressant medications in the 1950s (Wang, 2014).

6. Concepts of mental health in the first half of the 20th century

6.1. Prominent Figures

6.1.1. *Sigmund Freud*

The rise of psychoanalysis led by Sigmund Freud marked an essential change in understanding mental health. Freud established psychoanalysis primarily due to his disagreement with his college physicians (Veszy-Wagner, 1966). Before psychoanalysis, mental illness was almost universally considered somatogenic; that is, it was thought to come from some deterioration or disease of the brain. Many diseases did not show noticeable physical differences between healthy and diseased brains. Still, it was assumed that this was simply because the techniques for finding the differences were insufficient. People drew a sharp dividing line between the "insane" and the "sane." Insane people were those with physical diseases of the brain, whereas sane people were perceived as those without diseased brains (Kendell, 2001). Freud was unsatisfied with mental illness being purely physical, caused by malfunctions in the brain. He saw these complications as not a physical issue but an

issue of the mind, which he believed was separate from the brain (Freud, 1925). Most mental illnesses, Freud believed, were caused by problems in psychosexual development. His ideas about unconscious mind repression and childhood experiences gained popularity, changing clinical practice and public perception of mental health. Although Freud held some progressive opinions about sexuality, such as not categorizing homosexuality as an illness but instead as a variation of sexual attraction (Drescher, 2008), his practice portrayed female sexuality and behavior unfavorably. His female clients were criticized for behavior that was far from pathological. Freud's main criticism in his portrayal of female sexuality was penis envy. According to this theory, young girls experience anxiety upon the realization of lacking a penis, thus portraying women as envious of men by default (Moulton, 1970).

However, Freud's theories introduced ideas like the unconscious and how childhood development affects people later in life. Freud's work changed how we understand why people suffer from specific difficulties without blaming it purely on their biology or moral character. He popularized the idea that mental illnesses were a product of dysfunction in development and forever altered the concept of mental health and illness. Although Freud was one of the most influential persons in history, it has been suggested that Freud's and his client's obsession with sexual thoughts and experiences was likely shaped by the conservative, sexually repressed era in which they lived (Jumana, 2019).

6.1.2. *Carl Jung*

Carl Jung, a student of Freud, parted from the psychoanalytical movement due to his disagreement with Freud's notions of motivation coming solely from the libido and his dream interpretation. After parting ways with Freud, Jung established analytical psychology. Exploring Jungian theories such as collective unconscious, synchronicity, personality, archetypes, and individuation (Wehr, 1987).

Jung considered individuation as optimal mental health that an individual can possess. He defined individuation as a spiritual aim that each person should undergo to become essentially who they are, fulfilling their goals and needs regardless of the social or normative consensus. To achieve individuation, a person should combine a conscious and unconscious mind. This process, known as becoming your true self, is about making peace within oneself by balancing out internal fights (Stein, 2012). Jung believed that life naturally involves facing opposite forces. He conceptualized the shadow of a person as having feminine and masculine counterparts (anima and animus). A man possesses anima, a feminine unconscious factor, and a woman possesses animus, a masculine unconscious factor. According to Jung, the ego is the

conscious image of oneself or our sense of identity. A more superficial image of oneself would be called a persona. For instance, a persona could be based on an individual occupation (such as a doctor or a lawyer). When people choose only to see one side of these opposites, prioritizing animistic instincts or superficial ones and ignoring the other, mental health problems can start (Jung, 2021). Therefore, our mind subconsciously tries to fix this imbalance often through dreams and symbols, which can turn into mental disorders if they are not adequately acknowledged. For example, Jung considered schizophrenia a relaxed mental state where hallucinations can manifest subconscious thoughts (Jung, 1939). Among other things, Jung was the first to establish psychological (or personality) types. He introduced this theory in his book “Psychological Types“ in 1921. Jung coined infamous terms such as introversion and extroversion and other personality categorizations such as thinking, feeling, sensation, and intuition (Jung, 1921). Even then, Jung did not believe in the classification of personality; he wrote this book for practical purposes so that people in everyday life could better understand the personality of the people they are involved with. Although Jung was an influential figure in the psychoanalysis movement, he often relied on unscientific approaches. His work as well as the analytical psychology movement, tried to describe human behavior through synchronicities, the occult, symbolism, and esoteric and mystical traditions which lacked empirical support (Jung, 1963). In his last book, *The Red Book*, Jung's closing message was to abandon imitation and follow one's path despite the chance of being perceived as mad (Jung, 2012). Through his work, Jung offered a self-reliant, spiritual, and deeply personalized, although somewhat unscientific image of mental health in his works.

6.1.3. *Abraham Maslow*

Another influential psychology theorist was Abraham Maslow, famous for his Hierarchy of Needs. Although it is often imagined as a pyramid scheme, Maslow conceptualized it as a ladder-like system. Lower needs must be met first so that higher ones can be fulfilled. The first level of the hierarchy concerns basic needs for staying alive. These include breathing, food, and water, sleeping, wearing clothes, and having a place to live. Next comes the need for safety, this includes being healthy, emotionally secure, and having enough money. Followed by the need for love and belonging, which includes having close relationships, such as romantic, communal, familial, and platonic relationships. Next are esteem needs, including self-esteem, status, respect, and recognition. On top of these needs comes the need for self-actualization, where a person achieves personal goals, self-fulfillment, and the realization of their potential. Later in his career, Maslow talked about the need for

self-transcendence, in which we should aspire for goals and meaning beyond ourselves, focusing on selfless and altruistic behavior and ensuring that basic needs are the foundation to higher-level needs that can lead to more comprehensive and sustainable mental health and well-being (Annas, 2020).

6.1.4. *Carl Rogers*

Carl Rogers deviated from the Freudian notion of placing a therapist as an authority figure. Instead of the therapist leading the treatment, the client occupies the central role, and the therapist has a guiding role that includes unconditional positive regard, genuineness, and empathy for the client's responses (Rogers, 1951). Furthermore, Rogers conceptualized mental health in terms of congruence and incongruence. Mental health stems from a congruent relationship between individual self-image (how a person perceives themselves currently) and the ideal self (whom the person wishes to be), while an incongruent relationship between self-image and the ideal self creates mental problems (Rogers, 1961). As a founder of humanistic psychology, Rogers offered a client-centered and empathetic approach to dealing with mental health.

6.1.5. *Aaron Beck*

Due to his dissatisfaction with psychoanalysis and the lack of empirical evidence in its practice, Aaron Beck founded cognitive behavioral therapy to include empirically based methods in dealing with mental health issues (Beck, 1976). He focused on immediate cognitive patterns and ruminating negative thoughts that patients with depression exhibited. These automatic negative thoughts were not only symptoms of depression but were actively contributing to the maintenance and severity of the disorder (Beck, 2011). Additionally, Beck found that unconscious and repressed memories did not cure depressive patients. Instead, prioritizing conscious thought processes and helping clients identify and change dysfunctional thoughts were seen as more effective treatments (Beck, 1995). Beck's methods helped equip clients with practical tools that enabled them with a self-reliant and active approach to dealing with their mental disturbances.

6.2. Concept of Mental Health in Totalitarian Regimes

During the Second World War, in totalitarian regimes, the image of mental health was used as a propagandistic tool. In Nazi Germany, the focus was on racial purity, and mental illness was seen as a genetic defect that needed eradication. The Nazi ideology held

determinist attitudes that held an Aryan race as a biologically superior race. The field of psychiatry was also closely linked with the government's policies on racial purity. The T4 program, which started in 1939, was the role of psychiatrists in systematically getting rid of people with mental illnesses. This effort aimed to clean the Aryan race by removing those seen as unfit due to their mental health problems. Around 80,000 to 100,000 individuals with cognitive issues were killed in psychiatric places, often using gas chambers and lethal injections (Rotzoll & Richter, 2006). Psychiatrists had the task of diagnosing the mentally ill and deciding their fate, frequently sending them off to death centers and managing their deaths. The involvement of psychiatrists gave a misleading sense of medical rightness to the acts of mass killing. Nazi messaging further backed up these actions by showing individuals with mental illnesses as a weight on society and a danger to the genetic health of the Aryan population (Abel, 2017).

The Soviet Union also continued to use psychiatry mainly as a way to suppress opposition. People who went against or did activities seen as against Soviet principles were often said to have mental illnesses such as sluggish schizophrenia. Symptoms for this made-up condition included having thoughts about reforming society or feeling down about things, turning any disagreement into a sign of mental illness. By tagging political opponents as mentally ill, the Soviet leaders could lock them away indefinitely without needing open court cases. The mentally healthy individuals were seen as hardworking people with collectivist goals, while anyone who opposed the governmental regime was seen as mentally ill (Zajicek, 2018).

6.3. History of Classification of Mental Illness

The first attempt to identify people with mental illness in the US was in 1840 when the census had a question about whether people had what was called "insane" or "idiotic" dependents. In 1918, the American Medico-Psychological Association wrote "The Statistical Manual for the Use of Institutions for the Insane," which had some of the first standardized descriptions of what counted as a disorder. It included conditions like "manic-depressive psychosis" or "dementia praecox," which today would be akin to bipolar disorder and schizophrenia. These disorders were poorly understood at the time, and there were no satisfying treatments for them, so they were common among people who had been institutionalized. Doctors thought these disorders came entirely from physical problems like concussions. However, environmental factors were not considered then (Farreras, 2019).

World War II brought about a significant realization for psychology. Soldiers returning from the war had witnessed extreme trauma, and many developed what was initially called shell shock, later known as post-traumatic stress disorder (PTSD). During World War I, shell shock was thought to be caused by the physical effects of artillery shells on nerves, but by World War II, it became clear that it might not be due to physical damage. Initially, it was named a combat stress reaction and it was treated as a psychological issue. However, existing psychiatric manuals did not help because all disorders were considered somatogenic (Daavidson & Smith, 1989).

The APA (American Psychiatric Association) decided to write a new guide and found assistance in the "War Department Technical Bulletin, Medical 203," published in 1943. This document tried to explain how disorders could emerge from stressful life events, relying heavily on the theories of Sigmund Freud. Freud's explanation for shell shock symptoms was that they were similar to symptoms of neurosis, which he thought was caused by childhood trauma and repressed emotions. If something was too stressful to think about, it would be pushed into the unconscious and show itself through anxieties or disruptive behaviors. The trauma in shell shock cases was evident, so the War Department memo used Freud's ideas to explain combat stress reactions in soldiers without a history of mental illness (Reiger, 2002).

6.3.1. DSM-I

The above-mentioned ideas became a central theme when the APA started writing the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published in 1952. In this iteration, APA suggested that disorders are primarily social or environmental reactions. The first edition of the DSM divided disorders into neurotic, psychotic, and character disorders, in addition to those with a known physiological cause (Reiger, 2002).

7. Concept of Mental Health in The Second Half of The 20th Century

7.1. Counterculture of the 60's

The 1960s were filled with social change, anti-establishment sentiments, and a desire for personal freedom. This generation did not believe in borders, traditional values, hate, or discrimination. The usage of mind-altering drugs opened people to new experimental music, eastern philosophies, and opposition to war and institutional power (Gair, 2007). Researchers also experimented with unconventional treatments such as psychedelic drugs like LSD to

assist psychotherapy sessions because they believed these drugs could open up consciousness and help people deal with deep psychological issues (Aday, 2019). Deinstitutionalization of medicalization was another significant trend, driven by political changes and new therapeutic approaches. The move moved from large, impersonal institutions towards more minor, community-based services (Hawtorn, 2011). Community centers were set up to offer accessible services close to home, focusing on prevention and integration into daily life. This aimed to provide a supportive environment for those dealing with mental health issues following the push for more humane treatments. Eastern philosophies and practices, such as meditation, yoga, and mindfulness, gained attention and were integrated into psychological practices. The counterculture's interest in Eastern spirituality led to a greater focus on treating the mind, body, and spirit together. New holistic approaches to mental and physical care, focus less on reducing symptoms and promoting overall balance (Jackson, 1986).

7.2. Postmodern Views on Mental Illness

Postmodernism questions grand stories and focuses on cultural and social contexts. Postmodern thinkers argue that everything, including mental illnesses, is made through social processes and power relations (Morris, 1998). During the 1960s, authors like Thomas Szasz and Michael Foucault offered alternative assessments of mental illnesses. The anti-psychiatry movement, led by figures like Thomas Szasz, criticized traditional psychiatric methods, saying they were harsh and dehumanizing. They saw mental illness as something arising from societal pressures and not just a medical condition. They advocated for care that focused on each person individually, challenging the traditional ways of psychiatric treatment, alternative therapies, and understanding patients' lived experiences (Szasz, 1960).

7.2.1. Michel Foucault: Power dynamics in defining mental health

Michel Foucault's work was famous for popularizing the view that society constructs mental health. In his book "Madness and Civilization" (1961), he looks at the history of mental illness and psychiatric places. Michel Foucault, who resonated with outcasts and struggled with self-harm and suicidal thoughts, drew inspiration from his own experiences with psychiatry (Foucault, 2009). He claims that what we consider "madness" is not natural but made by social histories. Foucault thought that psychiatry controls people by defining normality. His work asserts that institutions use their power over what is considered sane or insane (Foucault, 1961). Furthermore, he argued that the mentally ill were treated with more compassion during the Renaissance and allowed to live freely. However, the 17th century

started a movement in which they medicalized and institutionalized the mentally ill and the poor. Economic crises led to the creation of hospitals that functioned like prisons for the unemployed and poor, eventually including the mentally ill. Foucault claimed that this reflects a capitalist focus on labor, with society viewing the mentally ill as deviants needing discipline (Foucault, 1961).

7.2.2. Thomas Szasz: Questioning Mental Illness

Thomas Szasz argued that labeling behaviors as "mental illness" is a myth used by society to control behavior it finds undesirable. In his book "The Myth of Mental Illness," Szasz posits that these labels describe behaviors that do not conform to societal norms rather than actual medical conditions (Szasz, 1961). He criticizes the medicalization of everyday life, where an increasing number of psychiatric diagnoses cover a variety of normal behaviors. Szasz also noted that diagnosis of mental illness does not increase with the increase in population but rather with the increase of mental institutions. According to Szasz, stigmatizing people who are essentially different by making them think that their biology is wrong and their brain functioning is faulty is problematic. He believed that medication should rely upon individual goals rather than the treatment of a mental "disease," as it is not solely a physical condition. Szasz introduced the concept of the "therapeutic state," where the alliance between psychiatry and the state allows for the policing of behavior under the guise of treatment, thereby reinforcing societal norms and controlling deviance (Szasz, 2001).

Furthermore, Szasz noted that treating mental illness is a flawed analogy. Unlike physical diseases, which are caused by identifiable pathogens, a multitude of biological, social, or environmental factors influence mental illnesses. His work questions whether the medical definition of "disease" appropriately applies to what we call "mental illness" and how this definition is used to pathologize deviance within social systems. Szasz's ideas led to opposition against the increasing medical vocabulary used to describe mental health issues. He compared interventions for supposed mentally ill people to the Inquisition because both of them were considered good and accepted by society. Szasz emphasized the autonomy and responsibility of people and opposed institutionalized policing and parenting in the name of care or morality (Szasz, 1991).

7.2.3. Erving Goffman

The same year that Foucault and Szasz published their books, which criticized the language and terminology of mental illnesses, Ervin Goffman published "Asylums: Essays on

the Social Situation of Mental Patients and Other Inmates." Based on his fieldwork at St. Elizabeth's Hospital in Washington, D.C., where he worked anonymously. Goffman defines a total institution as "a place of residence and work where large numbers of like-situated individuals, cut off from the wider society for an appreciable period, together lead an enclosed, formally administered round of life." Institutions in question include psychiatric hospitals, prisons, monasteries, barracks, and orphanages. Goffman investigated how these institutions organize social life and manage information about members' lives before admission (Goffman, 1961). He claimed that individuals' actions and daily life are closely monitored and controlled, leading to a "mortification of the self." Said process strips individuals of their identity through degradations, humiliations, and profanations. Additionally, institutions imposed tight schedules and rules, leading to a "disculturation," or the unlearning of previous roles and adopting new behaviors that can be dysfunctional outside the institution. This resulted in an "inmate culture," a social structure within the institution that includes roles, language, traditions, and beliefs distinct from the staff's.

Goffman argued that total institutions mirror societal processes that impose normalcy and limit deviance, reinforcing societal norms and acting as mechanisms of social control. He claimed the social structure of institutions is based on a system of privileges and punishments tied to the prospect of release or advancement. This creates a coercive environment where inmates may participate in their rehabilitation more for privileges than a genuine belief in the process, profoundly affecting their mental health and rehabilitation. He describes "role dispossession," where individuals are systematically stripped of their outside-world roles, resulting in a "civil death" as they are reduced to inmates or patients. The institution's totalizing characteristics impacted patients' identity and self-perception, often impeding reintegration into society post-release. Goffman's work suggests that mental hospitals, prisons, and similar institutions reflect societal structures and concerns. The boundaries between sanity and insanity, normality and abnormality, are socially constructed and maintained, with labels often resulting from societal stigma rather than innate qualities or behaviors (Goffman, 1961).

7.3. DSM-II

DSM-II maintained the Freudian psychodynamic approach while increasing the number of diagnoses from 106 to 182 disorders. Unlike later editions, however, DSM-II did not provide classification and description for each disorder, leading to greater variability in

diagnosis. As a result, the same person could be diagnosed with different disorders by different clinicians (Shorter, 2013).

7.4. DSM-III to DSM-V

The change from DSM-II to DSM-III 1980 included more medical classification of mental disorders. DSM-III version brought detailed criteria for diagnosing and a system that looked at different aspects of mental health for a thorough check-up. It also introduced conditions like Post-Traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (ADHD). DSM-IV, published in 1994, continued with the multi-axial system and adjusted classification to be more culturally sensitive. In 2013, we saw the arrival of DSM-5, which made some big changes. It eliminated the multi-level system but added ways to measure severe symptoms and reorganized many disorders. For instance, Asperger's was put under autism spectrum disorders, and PTSD was moved to a new group for trauma-related disorders. Also, it included new disorders like disruptive mood dysregulation disorder and hoarding disorder (Shorter, 2013). The most notable changes in classification included homosexuality, gender dysphoria, and ADHD.

7.5. Concerns about pharmaceutical companies and overdiagnosis

The 1980s DSM update aimed at making diagnoses more based on observable symptoms rather than theory, which led to defining illnesses more clearly and raised controversy around whether we are turning ordinary life struggles into medical problems. The DSM has evolved to include more symptom-based diagnostic criteria that align with medical terminology. Furthermore, pharmaceutical companies have a vested interest in promoting medications as a primary treatment for mental health conditions, expanding the market for their products (Conrad, 2013). Additionally, a significant portion of psychiatric and psychological research is funded by pharmaceutical companies, influencing the focus of research to prioritize studies on pharmacological treatments. Direct-to-consumer advertising and marketing to healthcare professionals emphasize the biology of mental health conditions and the efficacy of medications. For instance, depression and anxiety are often framed in terms of chemical imbalances in the brain, leading to a focus on antidepressants and anxiolytics as primary treatments. Consequently, depression and anxiety are the most diagnosed mental conditions, therefore naturally being suspected of overdiagnosing (Chambers, 2018).

7.6. Changes in Classification

7.6.1. *Homosexuality*

Homosexuality underwent many changes in categorization due to changing societal perceptions. DSM-I, in 1952, categorized homosexuality as a „sociopathic personality disturbance“; in DSM-II (1968), it was still listed as a disorder, although under „sexual deviations.“ In 1973, APA removed homosexuality from the DSM and replaced it with sexual orientation disturbance, which was introduced for individuals distressed by their sexual orientation. In 1980, it was further replaced by „ego-dystonic homosexuality, “which was aimed at the individual who is unhappy due to their sexual preference, which was changed in 1987 to “ sexual disorder not otherwise specified “. In later iterations, homosexuality as a disorder was removed entirely (Drescher, 2008).

7.6.2. *Transgenderism*

Similar to sexual identity, the classification and understanding of gender identity have undergone many changes. Transgenderism has always been a part of Western society; from shunned to tolerated to medicalized to being a political tool for division; transgenderism has undergone numerous changes and interpretations (Stryker, 2017). This history of classification of transgenderism also underwent many changes in clinical practice. DSM-I and DSM-II included a general „sexual deviation“ category under which transgenderism fell under. In 1980, DSM-III introduced „Gender Identity Disorder“ which pathologized the disassociation between the assigned sex at birth and individual gender identity. In the DSM-III.R (1987), criteria were refined, but the essence of categorization stayed the same. DSM-IV (1994) and DSM-IV-TR (2000) criteria for gender identity disorder (GID) in children, adolescents, and adults were differentiated. Criteria required children to show a strong desire to live as another gender, while adults needed to demonstrate persistent, ongoing desire along with distress about their assigned gender (American Psychiatric Association, 2000). In the DSM-5, to destigmatize the association of transgenderism with the disorder, the classification of gender dysphoria was introduced. Gender-affirming surgery was not developed until 1999, so the number of people going under treatment was expected to increase (Crocq, 2021). However, in the 21st century, this issue has become heavily politicized. Transgenderism became pathologized by the right political party and unconditionally accepted by the left (Tadlock & Taylor, 2017). Although it increased individual choice in their gender presentation, gender-reaffirming surgeries were administered with lousy protocols on the

teenage and adolescent population, which is evident by the amount of gender de-transition treatments and surgery (Littman, 2021). The issue of transgenderism and unconventional gender expression has become a popular topic of discussion among medicinal, political, and psychological circles (Pilgrinmm, 2018).

7.6.3. *ADHD*

Another condition that underwent numerous changes in diagnosis is ADHD. In 1902, physician George Still categorized hyperactivity as an abnormal defect of moral control, which indicates a time when disrespecting social norms due to impulsiveness was seen as a moral issue. From the 1930s until the 1950s, hyperactivity paired with impulsivity was sorted under Hyperkinetic impulse disorder. During this time, it was also categorized as minimal brain dysfunction (MBD), thought to be caused by mild brain damage or dysfunction. In DSM-I, there was no categorization for hyperactivity. DSM-II included the hyperkinetic reaction of childhood as hyperactivity as the primary feature, followed by excessive motor activity, impulsivity, and short attention spans. In 1980, DSM-III categorized Attention deficit disorder (ADD) with or without Hyperactivity. There is criticism in the categorization of ADD and ADHD, primarily being that it should not be considered a diagnosis and under-prescribed medication. The schooling and capitalistic systems likely contribute to the stigmatization of this behavior because productive and efficient labor requires concentration (Barkley, 2015).

7.7. Confounding Influences

7.7.1. *Changes in Family Structure*

Psychoanalysis popularized the idea that among other things, family dynamics played a role in the development of a person (Thompson, 2018). Some psychotherapists, such as Adler, emphasized the role of familial connection and the birth order in the development of children (Adler, 2007). Before the nuclear family, two-generational family units could be seen in Western Europe, but raising children was not solely the mother's responsibility. Throughout history, children raised in extended families and broader communities might have more emotional support and, thus, better mental health (Amato, 2005). Freud tied the Oedipus complex and Electra complex to parental figures, which are commonplace for a nuclear structure with only one adult (parent) of the opposite sex (Freud, 1923). This theory might take a different shape in the individuals raised alongside their extended family. Furthermore, the decline of the nuclear family, beginning in the 1960s, could have influenced the rise in

mental disturbances. Studies found that families that are not intact, such as those with only a single mother, only a single father, or those that have been restructured, face significantly more challenges. These challenges include higher chances of engaging in negative health behaviors like smoking, drinking alcohol, and becoming addicted to the internet. Additionally, these adolescents are more likely to struggle with depression, thoughts of suicide, and stress. They also tend to believe their school performance is worse than children from intact families where two parents are present (Mulkey, 1992). Moreover, children living in non-intact families find themselves at greater risk for both physical and emotional health problems, as well as facing difficulties in their educational journey (Amato, 2000).

7.7.2. Capitalism and Mental Health

Another confounding influence in the shaping of mental health could be attributed to capitalism. Capitalism is defined as an economic and political system in which a country's trade and industry are controlled by private owners for profit (Roosevelt, 1993). With the growing capitalism, private owners are represented less by family and small businesses and more by multinational corporations. Capitalistic interest is an interest in linear growth and expansion. Due to multinational corporations' interest in expanding, the narrative and ideas behind these companies travel with them, increasing the territory for a capitalistic economy and inducting a population within it (Ulmer, 1980). As capitalism grows and its worker population increases, the average optimal worker becomes the standard, and the standard becomes the norm. Furthermore, the rise of psychology and psychiatry coincides with the progression of capitalism. The progression of capitalism also coincides with the increase in the diagnosis of mental illnesses. Aside from totalitarian regimes, we do not know how psychology and psychiatry would behave in different environments (Skott-Myhre, 2020). Would disorders like ADD, ADHD, anxiety, autism, and others be classified as disorders in a different environment? Would we have the same circadian rhythm that influences our mood, behavior, and health if working hours were not „9 to 5“? Would the concept of mental health be different if the norm was not centered around the idea of consistent exploitative labor? Perhaps there would be no difference, but the influence of capitalism on the conceptualization of mental health often goes overlooked, even though the association between capitalism, modern psychology, and psychiatry is inseparable.

8. Mental Health in The 21st Century

Communication has been transformed globally due to the internet and social media. Platforms like Twitter and Facebook have become tools for transmitting information quickly, reducing dependence on traditional news sources, and increasing awareness of mental health issues. However, these platforms also carry risks like self-diagnosis or mislabeling normal emotions as illnesses (Clement, 2021). Exposure to mental illness content on social networks can lead to misperceiving normal feelings of unease or grief as conditions like depression or anxiety (Lupton, 2014; Foulkes & Andrews, 2023). The availability of diagnostic criteria and personal stories can exaggerate the perception of mental disorders. Many young people now view their experiences with conditions such as depression, anxiety, or ADHD as part of their identities, expressing them openly on social media. This can be empowering, providing a sense of belonging, but also risks reinforcing the perception of these conditions as fixed aspects of identity rather than experiences that can change over time (Pescosolido, 2010). Platforms like Reddit and Tumblr sometimes blur the line between embracing identity and romanticizing the disorder, fostering a stagnant and deterministic view of mental illness (Westerhof & Keyes, 2010).

Furthermore, as previously proposed, capitalism could influence mental health concepts and worries. Therefore if capitalism is on the rise and the state of the economy is increasingly harsher the mental health of the population is bound to get worse. For instance, stress and uncertainty caused by a failing economy have been linked to a reported rise in mental health issues (Patel, 2018). Due to this, mental health conditions are increasingly becoming a significant concern, now costing the global economy an estimated \$1 trillion annually, surpassing the burden of many physical illnesses (World Health Organization, 2016). The gig economy, characterized by job insecurity and a focus on productivity, also contributes to poor mental health. Short-term contracts often lead to financial instability, which is linked to anxiety and depression (Stewart & Stanford, 2017). Capitalist societies' emphasis on productivity and success can conflict with self-care, resulting in stress and burnout. The idea of "workism," where work defines identity, adds to the pressure in cultures that glorify long working hours (Thompson, 2019). Such environments often downplay mental health issues due to cultural expectations related to labor output (Rosa, 2018). The 21st century is also characterized by increasing urbanization. Urbanization is correlated with increased mental health conditions such as anxiety, depression, and schizophrenia while rural

settings have lower rates (Peel, 2010). Cities also have a higher prevalence of schizophrenia, potentially due to a lack of greenery and community support, which are more common in rural areas (Vassos, 2012). This contrast might explain the greater mental strain in urban environments. According to the biophilia theory, humans have an affinity for natural environments. Therefore, the increased manufactured spaces we live in, devoid of the natural environments that our ancestors adapted to, may hinder our mental well-being (Kellert & Williams, 2000). Furthermore, some behaviors and conditions that are now considered mental disorders once could have been advantageous in certain environments. Mismatch theory hypothesized, that mental illnesses could be attributed to the discrepancy between our current environment and behavior that gave us an evolutionary chance of survival (Nesse & Williams, 1994). For instance, the „fight or flight“ mechanism, which prepares individuals for physical confrontation or fleeing from a physical threat (such as a predator), does not have the same benefits of survival when the threat is non-physical such as shame, humiliation, or rejection (Dickerson & Kemeny, 2004). This theory suggests that the development and rise of mental illnesses could be caused by humans' slow adaptation to modern fast-changing environments.

Overall, the 21st century is mainly characterized by the increase in the diagnosis of mental illnesses. This could be due to various factors such as an increase in self-diagnosis, misdiagnosis, or simply a wider prevalence of general diagnosis. The increase in mental health concerns may be due to either the pathologization of normal behaviors, the tendency to adopt mental illness as an identity, or an actual rise in the prevalence of mental disorders. Consequently, these factors point to a failing system that is increasingly becoming more unsustainable for the lives of humans.

9. Conclusion

The evolution of mental illness has not been linear or progressive but somewhat cyclical. In society, the concept of mental health changed based on gender roles, economic factors, and freedom of individual expression. The changes in mental health mainly revolved around de-stigmatizing mental health issues, but also the origin and gradual increase in diagnosis.

The somatogenic approach dominated the 19th century and the early part of the 20th century. In psychiatric practice, the treatment of mental illnesses was mainly focused on the physical alteration of the body (lobotomy), which was later replaced by chemical altering (medicine). The rise of totalitarian regimes in the Second World War showed the misuse of the

concept of mental health and illnesses. In the Soviet Union, mental illnesses were used as a tactic to imprison and stigmatize political opponents. Furthermore, in Nazi Germany, mentally ill people, as well as people who did not fulfill the ideal image of the Aryan race, were disposed of. This example is concerning because it shows that clinicians can put propaganda messaging over empirical knowledge. After the Second World War, psychoanalytic and psychogenic theories of mental illnesses gained popularity with the treatment of traumatized war veterans. With the rise of psychoanalysis, mental illness came to be seen as more of a psychological phenomenon, focusing on unconscious processes and early experiences. The influence of Freudian theories has been immense in reframing mental health issues to be of psychogenic origin. Carl Jung proposed alternative approaches to mental health that focus on individualism, the subconscious, and spirituality. Humanist psychologists like Abraham Maslow and Carl Rogers emphasized individual capacity for self-actualization. Aaron Beck further improved the field of psychotherapy, by implementing empirically recognized cognitive behavioral therapy. Popularizing these beliefs, a more flexible and manageable concept of mental illness was offered. The 1960s was an era defined by experimentation with alternative approaches to treating mental disorders, such as Eastern medicine and psychedelic drugs. Counterculture in the 60s fought for human rights, individual expression, and de-institutionalization. This public perception was carried over in the academic and scientific circles, with writers like Foucault, Szasz, and Goffman at the forefront. These authors criticized the treatment of the mentally ill and the classification of mental illnesses. Foucault and Szasz questioned the narrative of the current conceptualization of mental health. Goffman detailed his experience as a worker in psychiatric facilities and questioned the efficacy of the treatment of patients. In his career, Thomas Szasz opposed medical terminology and the treatment of mental illness. He emphasized free will and personal responsibility and criticized the categorization of nonnormative behavior as a mental illness and the increasing moralization of behavior. Change in the categorization of mental illness was most evident in labeling homosexuality and transgenderism as illness. These changes do not reflect the improvement in the diagnostic system but its adherence to societal norms. Furthermore, the medicalization of mental illnesses gave suspicion about the role of the pharmaceutical company. The narrative for conceptualizing some illnesses as chemical imbalances coincided with the increasing role of pharmaceutical companies. In addition to the influence of pharmaceutical companies, the progression of capitalism, changing family structure, exposure to social media, increasing urbanization, and a failing economy are contributing to the mental health crisis in the 21st century. Due to the revisionist and alternative approaches to the

conceptualization of mental health, today, the field of psychology and psychiatry is more complex and fragmented. There is no single approach that thoroughly explains or treats mental illness, and the concept of mental health often varies in personal life and professional practice. This is not in opposition to medical treatments but a reframing of the concept of mental health and illness so that an individual can choose the methods they see fit.

Psychology and psychiatry are not finished products. The primary subjects of psychological investigations are humans, who can be unreliable and subjective, so there is already an issue in describing human experience in purely scientific or medical terminology. Furthermore, classifications and institutions are also made by humans, who can individually and collectively, be influenced by various cultural, political, and religious narratives. As Vice President of The US, Kamala Harris, said (2023), “You exist in a context of all of which you live and what came before you. “

The correct notion of what constitutes mental health has undergone many inception from the start of psychology. To examine the true notion of mental health and mental disorders, we need to include a variety of corporate, familial, educational, religious, and economic realities. Therefore, future studies should focus on the cross-cultural definitions and treatment for mental illnesses to better understand the optimal happiness and well-being a person can possess.

10. Abstract

This thesis investigates changing conceptions of mental health concerning significant shifts and influences since psychology was established as a discipline. It considers some early conceptualizations of mental illness including somatogenic, supernatural; and psychogenic origins while tracking how far practices concerning mental health have gone ranging from primitive remedies to modern approaches in treatment. In addition, this study covers prominent people such as Sigmund Freud, Carl Jung, Abraham Maslow, Carl Rogers, and Aaron Beck, who have made noteworthy contributions to conceptualizing mental health and mental illnesses. This text also covers criticism from postmodern theorists like Michel Foucault, Thomas Szasz, and Erving Goffman who all took issue with orthodox psychiatry and the medicalization of mental health problems. An examination of the historical classification of mental disorders is also discussed in this thesis, including how the DSM has developed from its first edition to DSM-V, while homosexuality, transgenderism, and ADHD were pathologized and redefined as an effect. The role of societal norms, economic factors,

and wider socio-cultural context on mental health perception is examined. For example, psychiatry was used for political repression in Nazi Germany and the Soviet Union. Furthermore, the influence of capitalism, family structure changes, and pharmaceutical companies are confounding influences further complicating issues in understanding mental health. Finally, the study looks at the intricacies surrounding 21st-century mental health such as the rise of social media, urbanization, and failing economy, but also a growing awareness of psychological matters advocating for a cultural cross-continental view on this subject that recognizes different social dynamics like family, religious and economic status. It calls for revisiting contemporary discourses about mental well-being and questioning if existing definitions contribute to the attainment of an individual's well-being.

Keywords: *Mental health concept, mental illness, history of psychology*

11. Sadržaj

Ovaj rad istražuje promjene u shvaćanju mentalnog zdravlja od uspostave psihologije kao znanstvene discipline. Rad također opisuje promjene u konceptualizaciji mentalnih bolesti uključujući somatogene, nadnaravne i psihogene konceptualizacije. Nadalje, rad spominje istaknute osobe poput Sigmunda Freuda, Carla Junga, Abrahama Maslowa, Carl Rogersa i Aaron Becka koje su dale su značajan doprinos konceptualizaciji mentalnog zdravlja i mentalnih bolesti. Ovaj tekst također pokriva kritike postmodernih teoretičara poput Michela Foucaulta, Thomasa Szasza i Ervinga Goffmana koji su se protivili ortodoksnom psihijatrijom i medikalizacijom problema mentalnog zdravlja. Štoviše, u ovom se radu ispituju povijesne klasifikacije mentalnih poremećaja, uključujući kako se DSM razvio od prvog izdanja do DSM-V. Stoga uzimamo homoseksualnost, transrodnost i ADHD-a kao primjere promjene dijagnostike i kriterija u DSM-u. Također preispituju se uloge koju društvene norme, ekonomski čimbenici i socio-kulturološki kontekst imaju na percepciju mentalnog zdravlja. Primjerice, korištenje psihijatrije za političku represiju u nacističkoj Njemačkoj i Sovjetskom Savezu. Nadalje, utjecaj kapitalizma, promjene obiteljske strukture i utjecaj farmaceutske industrije dovode dodatne komplikacije u razumijevanju mentalnog zdravlja. Naposljetku, rad se bavi kompleksnosti koje okružuju mentalno zdravlje u 21. stoljeću (urbanizacija, pogoršanje ekonomije). Uspon društvenih medija i rastuće svijesti o psihološkim pitanjima donose nove inkluzivne i multikulturološki perspektive na ovu temu koja prepoznaje različite društvene obiteljske, vjerske i ekonomske strukture. Ovaj rad poziva na preispitivanje

suvremenih diskursa o mentalnoj zdravlju i propituje; doprinose li postojeće definicije i koncenzusi o mentalnom zdravlju u postizanju sreće?

Ključne riječi: *Koncepti mentalnog zdravlja, mentalne bolesti, povijest psihologije*

12. References

- Abbas, J. (2020). Service quality in higher education institutions: Qualitative evidence from the students' perspectives using Maslow hierarchy of needs. *International Journal of Quality and Service Sciences*, 12(3), 371–384. <https://doi.org/10.1108/IJQSS-03-2020-0034>
- Abel, T. (2017). *The Nazi movement*. New York, NY: Routledge.
<https://doi.org/10.4324/9781315128175>
- Aday, J. S., Bloesch, E. K., & Davoli, C. C. (2019). Beyond LSD: A broader psychedelic zeitgeist during the early to mid-20th century. *Journal of Psychoactive Drugs*, 51(3), 210–217.
<https://doi.org/10.1080/02791072.2019.1581961>
- Adler, A. (2007). Position in family constellation influences life-style. In *Readings in the theory of individual psychology* (pp. 323–340). New York, NY: Routledge.
- Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and Family*, 62(4), 1269–1287. <https://doi.org/10.1111/j.1741-3737.2000.01269>
- Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children*, 75–96.
<https://www.jstor.org/stable/3556564>
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.
- American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, DC: American Psychological Association.
- Barkley, R. A. (2015). *History of ADHD*. New York, NY: Guilford Press.
- Beck, A. T. (1976). *Cognitive therapy and emotional disorders*. New York, NY: International Universities Press.
- Beck, A. T. (1995). *Cognitive therapy: Basics and beyond*. New York, NY: Guilford Press.
- Beck, A. T. (2011). *Cognitive therapy of depression*. New York, NY: Guilford Press.

- Bly, N. (1887). *Ten days in a mad-house*. New York, NY: Ian L. Munro.
- Bowles, S., Edwards, R., & Roosevelt, F. (1993). *Understanding capitalism*. New York, NY: Harper Collins College.
- Carpenter, S., Rigaud, M., Barile, M., Priest, T. J., Perez, L., & Ferguson, J. B. (2006). *The Ebers Papyrus*. Annandale-on-Hudson, NY: Bard College.
- Cashio, A. L. (2019). Towards a cure for lunacy. *Eidos. A Journal for Philosophy of Culture*, 3(4), 150–156. <http://dx.doi.org/10.14394/eidos.jpc.2019.0047>
- Chambers, S. P., & Stanley, C. (2017). Big Pharma's DSM Heist: Rewriting the Prescription for Over-Diagnosis: Review of Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM5 Big Pharma, and the Medicalization of Ordinary Life. *Journal of Constructivist Psychology*, 31(3), 337–341. <https://doi.org/10.1080/10720537.2017.1289869>
- Cilliers, L., & Retief, F. P. (2009, January). Mental illness in the Greco-Roman era. In *Acta Classica: Proceedings of the Classical Association of South Africa* (Vol. 2009, No. sup-3, pp. 130–140). South Africa: Classical Association of South Africa (CASA).
- Comer, R. J. (2021). *Abnormal psychology* (11th ed.). New York, NY: Worth Publishers.
- Conrad, P., & Slodden, C. (2013). The medicalization of mental disorders. In *Handbook of the Sociology of mental health* (pp. 61–73). New York, NY: Springer.
- Crocq, M. A. (2021). How gender dysphoria and incongruence became medical diagnoses—A historical review. *Dialogues in Clinical Neuroscience*, 23(1), 44–51. <https://doi.org/10.31887/DCNS.2021.23.1/macrocq>
- Davidson, J., Smith, R., & Kudler, H. (1989). Familial psychiatric illness in chronic posttraumatic stress disorder. *Comprehensive Psychiatry*, 30(4), 339–345. [https://doi.org/10.1016/0010-440X\(89\)90006-3](https://doi.org/10.1016/0010-440X(89)90006-3)
- Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychological Bulletin*, 130(3), 355–391. <https://doi.org/10.1037/0033-2909.130.3.355>

- Donaldson, E. J. (2023). Mental health issues. In M. Stoddard Holmes & J. L. Huff (Eds.), *A cultural history of disability in the long nineteenth century* (p. 149). Bloomsbury Publishing.
<https://www.torrossa.com/en/resources/an/5200991>
- Drescher, J. (2008). A history of homosexuality and organized psychoanalysis. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 36(3), 443–460.
<https://doi.org/10.1521/jaap.2008.36.3.443>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129-136. <https://doi.org/10.1126/science.847460>
- Fabrega Jr, H. (1991). The culture and history of psychiatric stigma in early modern and modern Western societies: A review of recent literature. *Comprehensive Psychiatry*, 32(2), 97–119.
[https://doi.org/10.1016/0010-440X\(91\)90002-R](https://doi.org/10.1016/0010-440X(91)90002-R)
- Farr, R. M. (1983). Wilhelm Wundt (1832–1920) and the origins of psychology as an experimental and social science. *British Journal of Social Psychology*, 22(4), 289–301.
<https://doi.org/10.1111/j.2044-8309.1983.tb00593.x>
- Farreras, I. G. (2019). History of mental illness. In *General psychology: Required reading*. Noba Project. <https://nobaproject.com/modules/history-of-mental-illness>
- Fernando, S. (2010). *Mental health, race and culture* (3rd ed.). Palgrave Macmillan.
- Foucault, M. (2003). *Madness and civilization*. New York, NY: Routledge.
- Foucault, M., Canguilhem, G., Castel, R., & Boulez, P. (2009). *Michel Foucault* (p. 324). Orange Press.
- Foulkes, L., & Andrews, J. L. (2023). Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis. *New Ideas in Psychology*, 69, 101010. <https://doi.org/10.1016/j.newideapsych.2023.101010>
- Freud, S. (1923). The ego and the id. In *Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923-1925): The Ego and the Id and Other Works*, 1-66. London, England: Hogarth Press.

- Gair, C. (2007). *American counterculture*. Edinburgh, Scotland: Edinburgh University Press.
<https://doi.org/10.3366/edinburgh/9780748623929.001.0001>
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York, NY: AldineTransaction.
- Harcourt, B. E. (2011). Reducing mass incarceration: Lessons from the deinstitutionalization of mental hospitals in the 1960s. *Ohio State Journal of Criminal Law*, 9, 53. University of Chicago Law School.
- Jackson, C. (1988). the counterculture looks east: beat writers and Asian religion. *American Studies*, 29(1), 51–70. <http://www.jstor.org/stable/40642254>
- Johnson, H. (2004). *Angels in the architecture: A photographic elegy to an American asylum*. Detroit, MI: Wayne State University Press.
- Jumana, R. N. (2019). Mental illness and psychiatry in the Victorian era: An analysis of the prevailing power dynamics between women and male authority figures through Gilman and Freud. *CUNY Academic Works*. <https://academicworks.cuny.edu>
- Jung, C. G. (1963). *Psychology and alchemy* (2nd ed., R. F. C. Hull, Trans.). Princeton, NJ: Princeton University Press.
- Jung, C. G., & De Laszlo, V. S. (2021). *The basic writings of C.G. Jung: Revised edition*. Princeton, NJ: Princeton University Press.
- Kalachanis, K., & Tsagkaris, C. (2020). The Hippocratic account of mental health: Humors and human temperament. *Mental Health: Global Challenges*, 3(1), 33–37.
<https://doi.org/10.32437/mhgcj.v3i1.83>
- Kellert, S. R., & Wilson, E. O. (Eds.). (2000). *The biophilia hypothesis*. Washington, DC: Island Press.
- Kemp, S. (2019). Mental disorder and mysticism in the late medieval world. *History of Psychology*, 22(2), 149. <https://doi.org/10.1037/hop0000128>

- Kendell, R. E. (2001). The distinction between mental and physical illness. *The British Journal of Psychiatry*, 178(6), 490–493. <https://doi.org/10.1192/bjp.178.6.490>
- Kirmayer, L. J., & Pedersen, D. (2014). Toward a new architecture for global mental health. *Transcultural Psychiatry*, 51(6), 759–776. <https://doi.org/10.1177/1363461514557202>
- Kosky, R. (1986). From morality to madness: A reappraisal of the asylum movement in psychiatry 1800–1940. *Australian & New Zealand Journal of Psychiatry*, 20(2), 180–187. <https://doi.org/10.3109/00048678609158878>
- Kothambikar, A. (Ed.). (2023). *Mediating role of social media on youth's psychological well-being: A machine-generated literature overview*. Cham, Switzerland: Springer.
- Lévêque, M., & Lévêque, M. (2014). *A controversial past. Psychosurgery: New techniques for brain disorders*. Cham, Switzerland: Springer International Publishing.
- Littman, L. (2021). Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: A survey of 100 detransitioners. *Archives of Sexual Behavior*, 50(5), 3353–3369. <https://doi.org/10.1007/s10508-021-02163-w>
- Madden, W. A. (1961). Victorian morality: Ethics not mysterious. *The Review of Politics*, 23(4), 458–471. Cambridge University Press. <https://doi.org/10.1017/S0034670500023056>
- Mayes, R., & Horwitz, A. V. (2005). DSM-III and the revolution in the classification of mental illness. *Journal of the History of the Behavioral Sciences*, 41(3), 249–267. <https://doi.org/10.1002/jhbs.20103>
- Mora, G. (1970). The manufacture of madness: A comparative study of the inquisition and the mental health movement. *JAMA*, 213(10), 1690. <https://doi.org/10.1001/jama.1970.03170360088029>
- Morris, D. B. (1998). *Illness and culture in the postmodern age*. Berkeley, CA: University of California Press.
- Moulton, R. (1970). A survey and reevaluation of the concept of penis envy. *Contemporary Psychoanalysis*, 7(1), 84–104. <https://doi.org/10.1080/00107530.1970.10745622>

- Mulkey, L. M., Crain, R. L., & Harrington, A. J. (1992). One-parent households and achievement: Economic and behavioral explanations of a small effect. *Sociology of Education*, 65(1), 48–65. Washington, DC: American Sociological Association.
- Nesse, R. M., & Williams, G. C. (1994). *Why we get sick: The new science of Darwinian medicine*. New York, NY: Vintage Books.
- Nutton, V. (2004). *Ancient medicine*. New York, NY: Routledge.
- Paulon, M. (2022). Hysteria: Rise and fall of a baffling disease. A review on history of ideas in medicine. *Journal of Psychopathology*. <https://doi.org/10.36148/2284-0249-446>
- Pratt D. (1947). Mental hospitals and the mental hygiene movement in the United States. *Mental health (London)*, 7(2), 30–35.
- Patel, V., et al. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553-1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Pescosolido, B. A., et al. (2010). "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *The American Journal of Psychiatry*, 167(11), 1321-1330. <https://doi.org/10.1176/appi.ajp.2010.09121743>
- Rosa, H., et al. (2018). *Social acceleration: A new theory of modernity*. Columbia University Press.
- Regier, D. A., Narrow, W. E., Kuhl, E. A., & Kupfer, D. J. (2009). The conceptual development of DSM-V. *American Journal of Psychiatry*, 166(6), 645–650. <https://doi.org/10.1176/appi.ajp.2009.09020279>
- Rotzoll, M., Richter, P., Fuchs, P., Hinz-Wessels, A., Topp, S., & Hohendorf, G. (2006). The first national socialist extermination crime: The T4 program and its victims. *International Journal of Mental Health*, 35(3), 17–29. <https://doi.org/10.2753/IMH0020-7411350302>
- Scull, A. (2005). *The Most Solitary of Afflictions: Madness and Society in Britain and America, 1800–1914*. New Haven, CT: Yale University Press.

- Scull, A. (Ed.). (2015). *Madhouses, mad-doctors, and madmen: The social history of psychiatry in the Victorian era*. Philadelphia, PA: University of Pennsylvania Press.
- Shapiro, M. (1986). APA: Past, present, future. *Virginia Law Review*, 72(3), 447–467. Virginia Law Review Association.
- Shorter, E. (2013). The history of DSM. In *Making the DSM-5: Concepts and controversies* (pp. 3–19). New York, NY: Springer New York. https://doi.org/10.1007/978-1-4614-6528-9_1
- Shorter, E., & Healy, D. (2007). *Shock therapy: A history of electroconvulsive treatment in mental illness*. New Brunswick, NJ: Rutgers University Press.
- Simon, B. (1978). *Mind and madness in ancient Greece: The classical roots of modern psychiatry*. Ithaca, NY: Cornell University Press.
- Skott-Myhre, H. A. (2020). *Post-capitalist subjectivity in literature and anti-psychiatry: Reconceptualizing the self beyond capitalism*. New York, NY: Routledge.
- Stein, M. (2012). Individuation. In R. Papadopoulos (Ed.), *The handbook of Jungian psychology: Theory, practice, and applications* (pp. 196-214). New York, NY: Routledge.
- Steinert, U. (2021). Ecstatic experience and possession disorders in ancient Mesopotamia. In *The Routledge companion to ecstatic experience in the ancient world* (pp. 369–396). London, England: Routledge.
- Stewart, A., & Stanford, J. (2017). Regulating work in the gig economy: What are the options? *The Economic and Labour Relations Review*, 28(3), 420-437. <https://doi.org/10.1177/1035304617722461>
- Stryker, S. (2017). *Transgender history: The roots of today's revolution*. London, England: Hachette UK.
- Szasz, T. S. (1960). The myth of mental illness. *American Psychologist*, 15(2), 113. American Psychological Association.
- Szasz, T. S. (2001). *The therapeutic state: Psychiatry in the mirror of current events*. Amherst, NY: Prometheus Books.

- Tadlock, B. L., & Taylor, J. K. (2017). Politics, partisanship, and transgender rights: The case of gender identity discrimination. *Politics, Groups, and Identities*, 5(1), 50-69.
<https://doi.org/10.1080/21565503.2016.1256825>
- Thompson, C. (2018). *Psychoanalysis: Evolution and development*. New York, NY: Routledge.
<https://doi.org/10.4324/9780429464692>
- Thompson, D. (2019). Workism is making Americans miserable. *The Atlantic*. Washington, D.C.
- Thompson, F. M. L. (1988). *The rise of respectable society: A social history of Victorian Britain, 1830–1900*. Cambridge, MA: Harvard University Press.
- Tseng, W. S. (1973). The development of psychiatric concepts in traditional Chinese medicine. *Archives of General Psychiatry*, 29(4), 569–575.
<https://doi.org/10.1001/archpsyc.1973.01750340095010>
- Ulmer, M. J. (1980). Multinational corporations and third world capitalism. *Journal of Economic Issues*, 14(2), 453–471. Association for Evolutionary Economics.
- Vassos, E., Pedersen, C. B., Murray, R. M., Collier, D. A., & Lewis, C. M. (2012). Meta-analysis of the association of urbanicity with schizophrenia. *Schizophrenia Bulletin*, 38(6), 1118-1123.
<https://doi.org/10.1093/schbul/sbs096>
- Wang, A. (2014). Pills, patients, and profits: Psychiatric drugs c. 1950 to today. *Aleph: UCLA Undergraduate Research Journal for the Humanities and Social Sciences*, 11. University of California, Los Angeles. <https://doi.org/10.5070/L6111039022>
- Watson, K. D. (2006). *Poisoned lives: English poisoners and their victims*. London, England: A&C Black.
- Wehr, G., & Weeks, D. M. (1987). *Jung: A biography*. Boston, MA: Shambhala Publications.
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110-119.
<https://doi.org/10.1007/s10804-009-9082-y>

- Wood, W., & Eagly, A. H. (2012). Biosocial construction of sex differences and similarities in behavior. In *Advances in experimental social psychology* (Vol. 46, pp. 55–123). San Diego, CA: Academic Press. <https://doi.org/10.1016/B978-0-12-394281-4.00002-7>
- World Health Organization. (1994). *Lexicon of psychiatric and mental health terms* (2nd ed.). World Health Organization. <https://iris.who.int/handle/10665/39342>
- World Health Organization. (2016). *Investing in treatment for depression and anxiety leads to fourfold return*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/depression>
- Yanni, C. (2007). *The architecture of madness: Insane asylums in the United States*. Minneapolis, MN: University of Minnesota Press.
- York, S. H. (2010). *Suicide, lunacy and the asylum in nineteenth-century England* (Doctoral dissertation, University of Birmingham). Birmingham, England: University of Birmingham.
- Zajicek, B. (2018). Soviet psychiatry and the origins of the sluggish schizophrenia concept, 1912–1936. *History of the Human Sciences*, 31(2), 88–105. <https://doi.org/10.1177/0952695117744185>

Statement on the Storage and Publication of Assessment Paper
(final/graduate/specialist/doctoral thesis- underline as appropriate)

Student: Lorne Zovic

Work title: Concepts of Mental Health Through
History of Psychology

Scientific area and field: Psychology

Type of work: Final Thesis

Thesis Supervisor (first and last name, academic degree and title)

Prof. Dr. Sc. Goran Kardum

Thesis Co-supervisor (first and last name, academic degree and title)

Doc. Dr. Sc. Juan Bullfan

Committee members (first and last name, academic degree and title):

Doc. Dr. Sc. Linda Lušić Kalcina

By this statement, I confirm that I am the author of the submitted assessment paper (final/graduate/specialist/doctoral thesis - circle as appropriate) and that the content of its electronic version fully corresponds to the content of the work defended and edited after defense. As the author, I declare that I agree to have my assessment paper published permanently and publicly in open access, free of charge, in the Digital Repository of the Faculty of Humanities at the University of Split and the repository of the National and University Library in Zagreb (in accordance with the provisions of the *Law on Higher Education and Scientific Activity* (Official Gazette no. 119/22)).

Split, _____
Student signature: 

Note: In the case of a need to restrict access to the assessment paper in accordance with the provisions of the Copyright and Related Rights Act (111/21), a substantiated request should be submitted to the Dean of the Faculty of Humanities in Split.

UNIVERSITY OF SPLIT
FACULTY OF HUMANITIES AND SOCIAL SCIENCES

ACADEMIC INTEGRITY STATEMENT

by which I, as an applicant for obtaining a title university Bachelor's degree in psychology, I declare that this graduation thesis is the result of my own work only, that it is based on my research and draws on the published literature as indicated by the notes and bibliography used. I declare that not a single part of the thesis was written in an impermissible manner, that is, that it is not copied from an uncited work, and that it does not violate anyone's copyright. I also declare that no part of this thesis has been used for any other work at any other time higher education, scientific or work institution.

In Split, Croatia

Signature:

